U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
AUG 1 6 2005
E QUESTION OF

Name Brian

1. File Number **U** - 867.5

3. Name and address of person filing.

S Cavey

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Asbestos Workers Local 24

	Labor Organization File Number 0/8363	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 138 Virginia Ave	Street 901 Montgomery St	
City Pasadena	City Laurel	
State Maryland ZIP Code + 4 21122	State Maryland ZIP Code + 4 20707	
5. Position in labor organization. President		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed y Source	On 8/11/2005 410-255-1857 Date Telephone Number	

Name of Person Filing Brian Cavey	File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Mercantile Safe Deposit and Trust Co Trade Name, if any:	a. Labor Organization b. Trust c. Employer		
P.O. Box, Bldg., Room No., if any Street Two Hopkins Plaza, 3rd floor City Baltimore			
City Baltimore State Maryland ZIP Code + 4 21201			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Asbestos Workers Local 24 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100	11.a. Nature of such dealing. Custodian Bank		
Street 4600 Powder Mill Rd	11.b. Approximate dollar value of such dealing. \$6,000		
City Beltsville State Maryland ZIP Code + 4 20705	12.a. Nature of interest held or income received. I was invited to attend a Baltimore Ravens football game. I am reporting the price of the ticket.		
	12.b. Amount. \$35		
	12.5. Alliquit.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Brian Cavey	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any	y). 9. Business deals with:
Name Asbestos Workers Local #24	a. Labor Organization
Trade Name, if any: Joint Apprenticeship Fund	b. Trust
P.O. Box, Bldg., Room No., if any	b. Hust
Street 901 Montgomery St	c. Employer
City Laurel	
State Maryland ZIP Code + 4 2070	07
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Joint Apprenticeship and Training Trust Fund. Trains members in the insulation industry within
Trade Name, if any:	the jurisdiction of Local 24
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$252,080
	12.a. Nature of interest held or income received.
	Payments made to me and/or on my behalf as Apprenticeship Director from Apprenticeship Fund including wages, medical and pension benefits, and reimbursement of expenses. Expenses include travel, meals, office expenses and other pertinent expenses.
	12.b. Amount. \$91,551